

THE UNIVERSITY OF ALBERTA
Authorization of Appointment
 not paid from Trust or Research Accounts

These forms are no longer necessary. (too old.)

Insurance Number must be completed, or forward application.
 Payment varies or only one payment is requested, use casual payroll requisition.
 and will be made until further notice where no termination date is indicated.
 on a casual basis unless Income Tax Form TD1 is attached.
 Forward White, Blue and Green copies, to Personnel for approval.
 Forward White, Blue and Green copies, to the Payroll Division.

TYP

APPC

NAME C

TRAN. C.C. 01

TRAN. C.C. 02

TRAN. C.C. 03

DEPART

TYPE

File should hold.

Employee Information Form (only)

Authorization of appointment

RATE CHANGE EFFECTIVE DATE _____
 RECLASSIFICATION TERMINATION
 TRANSFER OTHER _____

STUDENT I.D. NO. _____

GIVEN NAME _____ INIT _____ TL _____ TITLE _____
 CITY _____ POSTAL CODE _____ APPOINTMENT DATE _____
 DEP. ← INDICATE NUMBER OF DEPENDENTS. ANNIVERSARY DATE _____ PR. MO. _____

POSITION _____
 ASSOC. OR ASSISTANTS) FULL TIME or PART TIME

(B) NON-ACADEMIC FULL TIME OR TEMPORARY

N.B. Full time appointment is for not less than one year and requires not less than 35 hours of work per week; conditions of employment and all fringe benefits will normally apply with the exception of the grievance procedure and terminal compensation. The research or trust account will be charged with the employer's portion of the fringe benefits unless the University has been advised to the contrary by the grantor in which event fringe benefits will not apply. The University has no commitment to the appointee beyond the availability of the "Trustholder's funds".

(C) STUDENT: GRADUATE OR UNDERGRADUATE

Other financial remuneration for this period if any \$ _____ From _____

PAYROLL DATA

TRAN. C.C. 21

CD—TERMINATION _____ CD—TENURE _____ LEAVE—FROM _____ LEAVE—TO _____ PR. NO. CH. DIST. _____

PENSION ELIGIBILITY _____ DIS. INS. ELIGIBILITY _____ EXEMPT _____ CHEQUE DEPOSIT ACCOUNT _____

TRAN. C.C. 22

ACCOUNT NUMBER _____ START DATE _____ END DATE _____ LOA CD _____ EMP TYPE _____ F.T.E. _____ CLASSIFICATION _____

ACCOUNT TITLE

MONTHLY SALARY _____ GROSS TAX C.P.P. PEN U.I.C. R.H. S.H. _____

TRAN. C.C. 22

ACCOUNT NUMBER _____ START DATE _____ END DATE _____ LOA CD _____ EMP TYPE _____ F.T.E. _____ CLASSIFICATION _____

ACCOUNT TITLE

MONTHLY SALARY _____ GROSS TAX C.P.P. PEN U.I.C. R.H. S.H. _____

NEGATIVE SALARY ADJUSTMENTS

TRAN. C.C. 22

ACCOUNT NUMBER _____ START DATE _____ END DATE _____ LOA CD _____ EMP TYPE _____ F.T.E. _____ CLASSIFICATION _____

MONTHLY SALARY _____ GROSS TAX C.P.P. PEN U.I.C. R.H. S.H. _____

DEDUCTIONS

TRAN. C.C. 23

CD—ASSOC. DUES _____ CD—ALBERTA HEALTH CARE _____ CD—BLUE CROSS _____ CD—DIS. INSURANCE _____ CD—LIFE INSURANCE _____

CD—FACULTY CLUB _____ CD—PARKING _____ CD—DENTAL CARE _____

TRAN. C.C. 24

CD—MISC. DEDUCT _____ CD—MISC. DEDUCT _____ CD—MISC. DEDUCT _____ CD—MISC. DEDUCT _____ CD—MISC. DEDUCT _____

SPECIAL COMMENTS

SIGNATURE (Research Director or Trust Authority) _____ DATE _____ APPROVED: (Office of the Comptroller/Director of Personnel)



Employee Information Form

Please print

Support Staff—Submit to Office of Personnel Services (Check One): Trust Hourly Term
(For regular employees this form will be initiated by Personnel Services)

Students—Submit to Payroll Division (Check One): Graduate Undergraduate

New Appointment Reappointment Supplementary Appointment Effective Date: _____
year month day

Transfer Promotion Reclassification Rate Change Conversion

Separation Code: _____ Other

Personal Information

Social Insurance Number: _____ Title: _____

Surname: _____ Given Name: _____ Middle Initials: _____

Street Address: _____

City / Province: _____ Postal Code: _____

Telephone—Office: _____ Residence: _____ Student ID: _____

Birth Date: _____ Sex: _____ Immigration Status: _____
year month day

Emergency Contact Name: _____ Telephone: _____

Home Department: _____ Employee Type: _____
(personnel use only)

Employee Number: _____ Status: Single _____ Family _____

Payment Information

Classification: _____ Code: _____ Position #: _____

Start Date: _____ End Date: _____ Account Number: _____
year month day year month day major inter minor

Trust Title: _____

Payment Type: _____ Amount: \$ _____ Hour Month Period

Regular Weekly Hours: _____ FTE: _____ Vacation Rate: _____ %

Classification: _____ Code: _____ Position #: _____

Start Date: _____ End Date: _____ Account Number: _____
year month day year month day major inter minor

Trust Title: _____

Payment Type: _____ Amount: \$ _____ Hour Month Period

Regular Weekly Hours: _____ FTE: _____ Vacation Rate: _____ %

Classification: _____ Code: _____ Position #: _____

Start Date: _____ End Date: _____ Account Number: _____
year month day year month day major inter minor

Trust Title: _____

Payment Type: _____ Amount: \$ _____ Hour Month Period

Regular Weekly Hours: _____ FTE: _____ Vacation Rate: _____ %

Comments: _____

Department Authorization: _____ Date: _____

Personnel / Payroll Authorization: _____ Date: _____